
Natchitoches Parish Housing Authority

Annual Plan for Fiscal Year 2002

AnnualPHAPlan
PHAFiscalYear2002
[24CFRPart903.7]

i. AnnualPlanType:

SelectwhichtypeofAnnualPlanthePHAwillsubmit.

☐ **StandardPlan**

StreamlinedPlan:

- ☒ **HighPerformingPHA**
☐ **SmallAgency(<250PublicHousingUnits)**
☐ **AdministeringSection8Only**

☐ **TroubledAgencyPlan**

ii. ExecutiveSummaryoftheAnnualPHAPlan

[24CFRPart903.79(r)]

ProvideabriefoverviewoftheinformationintheAnnualPlan,includinghighlightsofmajorinitiativesanddiscretionarypoliciesthePHAhasincludedintheAnnualPlan.
providebetterhousing,trainingprograms,homeownership trainingprograms,BoysandGirlsClubprograms,activitiesfortheelderly,referralstosocialservicesprograms,remodelourunitsandprovidemoreamenitiesto
ourfamilies,etc.Aspreviouslystated,itisthepersonalmissionofthe **NPHA**to beourbest,doourbestandprovidethebestaffordablehousingintheParishofNatchitoches.

To

iii. AnnualPlanTableofContents

[24CFRPart903.79(r)]

ProvideatableofcontentsfortheAnnualPlan ,includingattachments,andalistofsupportingdocumentsavai lableforpublicinspection .

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AnnualPlan

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Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

Required Attachments:

- ☐ Admissions Policy for De -concentration N/A
- ☒ **A** FY2000 Capital Fund Program Annual Statement
- ☐ Most recent board -approved operating budget (Required Attachment for PHA's that are troubled or at risk of being designated troubled ONLY)
- ☒ **B** Pet Policy
- Implementation of Public Housing Resident Community Service Requirements
- ☒ **C** Membership of the Resident Advisory Board
- ☒ **D** Resident Membership of the PHA Governing Board

Optional Attachments:

- ☒ **E** PHA Management Organizational Chart
- ☐ FY2000 Capital Fund Program 5 Year Action Plan

- ☒ **F** Public Housing Drug Elimination Program (PHDEP) Plan
- ☐ Comment of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- ☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
x	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources;
x	Public Housing Admissions and (Continued) Occupancy	Annual Plan: Eligibility,

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Selection, and Admissions Policies
x	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing De-concentration and Income Mixing Documentation: 1. PHA Board certification of compliance with de-concentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance</i> ; <i>Notice</i> and any further HUD guidance) and 2. Documentation of the required de-concentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	<input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Procedures
x	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
x	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
x	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
x	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
x	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
x	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
x	NPHA Pet Ownership Policy; Community Service Policy, and Membership of the Resident Advisory Board.	Annual Plan

1. Statement of Housing Needs

[24 CFR Part 903.79(a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the “Overall” Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size Bedroom	Location
Income ≤ 30% of AMI	1171	4	N/A	N/A	4	1-4	Natchi- toches Parish
Income > 30% but ≤ 50% of AMI	1021	2	N/A	N/A	4	1-4	Same
Income > 50% but < 80% of AMI	667	1	N/A	N/A	3	1-4	Same
Elderly	644	3	N/A	N/A	4	1-4	Same
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	Same
Race/Ethnicity All	4159	N/A	N/A	N/A	3	1-4	Same
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	Same
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	Same
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	Same

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- ☐ Consolidated Plan of the Jurisdiction/s
Indicate year: _____
- ☐ U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- ☐ American Housing Survey data

- Indicate year:
- ☐ Other housing market study
- Indicate year:
- ☒ Other sources: (list and indicate year of information)
- CHAS Table - 1990

B. Housing Needs of Families on the Public Housing and Section 8 Tenant

State the housing needs of the families on the PHA's waiting list/s. Complete one table for each type of PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

-Based Assistance Waiting Lists

-wide waiting list administered by the PHA. PHAs may provide

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) At present, the waiting lists for Public Housing and Section 8 have been exhausted!			
<input type="checkbox"/>	Section 8 tenant	-based assistance	
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site	-Based or sub-jurisdictional waiting list (optional)	
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total			
Extremely low income <= 30% AMI			

HousingNeedsofFamiliesontheWaitingList			
Verylowincome (>30%but<=50% AMI)			
Lowincome (>50%but<80% AMI)			
Familieswith children			
Elderlyfamilies			
Familieswith Disabilities			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristicsby BedroomSize (PublicHousing Only)			
1BR			
2BR			
3BR			
4BR			
5BR			
5+BR			

Housing Needs of Families on the Waiting List	
Isthe waiting list closed (select one)?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
If yes: N/A	
How long has it been closed (# of months)?	
Does the PHA expect to re-open the list in the PHA Plan year?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?	<input type="checkbox"/> No <input type="checkbox"/> Yes

C.Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

Select all that apply

- ☒ Employ effective maintenance and management policies to minimize the number of public housing units off -line
- ☒ Reduce turnover time for vacated public housing units
- ☒ Reduce time to renovate public housing units
- ☐ Seek replacement of public housing units lost to the inventory through mixed finance development
- ☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- ☒ Maintain or increase section 8 lease -uprates by establishing payment standards that will enable families to rent throughout the jurisdiction
- ☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- ☒ Maintain or increase section 8 lease -uprates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- ☒ Maintain or increase section 8 lease -updates by effectively screening Section 8 applicants to increase owner acceptance of program
- ☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- ☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:

Select all that apply

- ☐ Apply for additional section 8 units should they become available
- ☒ Leverage affordable housing resources in the community through the creation of mixed -finance housing
- ☒ Pursue housing resources other than public housing or Section 8 tenant -based assistance.
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30% of AMI

Select all that apply

- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- ☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant -based section 8 assistance
- ☐ Employ admissions preferences aimed at families with economic hardships
- ☒ Adopt rent policies to support and encourage work
- ☐ Other: (list below)

Need: Specific Family Types: Families at or below 50% of median

Strategy 1: Target available assistance to families at or below 50% of AMI

Select all that apply

- ☐ Employ admissions preferences aimed at families who are working
- ☒ Adopt rent policies to support and encourage work

☐ Other:(listbelow)

Need:SpecificFamilyTypes:TheElderly

Strategy1: Targetavailableassistancetotheelderly:

Selectallthatapply

- ☐ Seekdesignationofpublichousingfortheelderly
- ☐ Applyforspecial -purposevoucherstargetedtotheelderly,shouldtheybecomeavailable
- ☐ Other:(listbelow)

Need:SpecificFamilyTypes:FamilieswithDisabilities

Strategy1: TargetavailableassistancetoFamilieswithDisabilities:

Selectallthatapply

- ☐ Seekdesignationofpublic housingforfamilieswithdisabilities
- ☒ Carryoutthomodificationsneededinpublichousingbasedonthesection504NeedsAssessmentforPublicHousing
- ☐ Applyforspecial -purposevoucherstargetedtofamilieswithdisabilities,shouldtheybecomeavailable
- ☒ Affirmativelymarkettolocalnon -profitagenciesthatassistfamilieswithdisabilities
- ☐ Other:(listbelow)

Need:SpecificFamilyTypes:Racesorethnicitieswithdisproportionate housingneeds

Strategy1:IncreaseawarenessofPHAresourcesamongfamiliesofracesandethnicitieswithdisproportionateneeds:

Select if applicable

- ☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☐ Other: (list below)

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

- ☒ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
☒ Market the section 8 program to owners outside of areas of poverty/minority concentrations
☐ Other: (list below)

Other Housing Needs & Strategies: (list needs and strategies below)

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
☒ Staffing constraints
☐ Limited availability of sites for assisted housing
☒ Extent to which particular housing needs are met by other organizations in the community
☐ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
☐ Influence of the housing market on PHA programs

- ☐ Community priorities regarding housing assistance
- ☐ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24CFR Part 903.79(b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant-based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing support services, Section 8 tenant-based assistance, Section 8 support services or other.

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	\$163,410.00	As shown in Operating Budget approved by HUD.

FinancialResources: PlannedSourcesandUses		
Sources	Planned\$	PlannedUses
b) PublicHousingCapitalFund(2002)	\$213,858.00	These funds are being used in upgrading our units, vent hoods, storm doors/screens, equipment, computer software and hardware, stoves, refrigerators, etc.
c) HOPEVI Revitalization		
d) HOPEVI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$1,098,584.00	Funding of HAPs and Administrative fees.
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	\$25,000.00	Funding of the Boys and Girls Club in Campti, LA.
g) Resident Opportunity and Self - Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	\$96,700.00	These funds are used to as a supplement to programs in public housing, salaries, etc.

FinancialResources: PlannedSourcesandUses		
Sources	Planned\$	PlannedUses
4.Otherincome (listbelow)	\$41,744.00	Incomegeneratedasa managementfee forWilla PointApartments.
4.Non -federalsources (listbelow)		
Totalresources	\$1,639,296.00	Asstatedabove.

3.PHAPoliciesGoverningEligibility,Selection,andAdmissions

[24CFRPart903.79(c)]

A.PublicHousing

Exemptions:PHAsthatdonotadministerpublichousingarenotrequiredto completesubcomponent3A.

(1)Eligibility

a.Whendoes thePHAverifyeligibilityforadmission topublichousing?(selectallthatapply)

☐

Whenfamiliesarewithinacertainnumberofbeingofferedaunit:(statenumber)

☐

Whenfamiliesarewithinacertain timeofbeingofferedaunit:(statetime)

☒

Other: Sincethereisnowaitinglist,weverifyeligibilityforadmissionimmediately,orasoonaspossible.

b.Whichnon -income(screening)factorsdoes thePHAusetoestablisheligibilityforadmission topublichousing(selecta

llthatapply)?

- ☒ Criminal or Drug -related activity
- ☒ Rental history
- ☒ Housekeeping
- ☒ Other: Outstanding debt to this agency or any other housing authority.

c. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC source) -authorized

(2) Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

There is now waiting list.

- ☐ Community-wide list
- ☐ Sub-jurisdictional lists
- ☐ Site-based waiting lists
- ☐ Other (describe)

b. Where may interested persons apply for admission to public housing?

- ☐ PHA main administrative office
- ☒ PHA development site management office
- ☐ Other (list below)

c. If the PHA plan to operate one or more site -based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site -based waiting lists will the PHA operate in the coming year?

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously approved site-based waiting list plan)? If yes, how many lists? -HUD-

3. ☐ Yes ☐ No: May families be on more than one list simultaneously? If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- ☐ PHA main administrative office
- ☐ All PHA development management offices
- ☐ Management offices at developments with site-based waiting lists
- ☐ At the development to which they would like to apply
- ☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- ☐ One
- ☒ Two
- ☐ Three or More

b. ☒ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfer take precedence over new admissions? (list below)

- ☒ Emergencies
- ☒ Overhoused
- ☒ Underhoused
- ☒ Medical justification
- ☒ Administrative reasons determined by the PHA (e.g., to permit modernization work)
- ☒ Resident choice: (state circumstances below) When there is a need to relocate close to work, school, doctor, etc., it will be taken into consideration.
- ☐ Other: (list below)

c. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) N/A

Former Federal preferences:

☐ Involuntary Displacement (Disaster, Government Action, Action of Housing

- ☐ Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence
- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing
- Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in the jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- ☒ The PHA - resident lease
- ☒ The PHA's Admissions and (Continued) Occupancy policy
- ☒ PHA briefing seminars or written materials
- ☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- ☒ At an annual reexamination and lease renewal
- ☒ Anytime family composition changes
- ☒ At family request for revision
- ☒ Other: Within ten (10) days of change.

(6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. ☐ Yes ☒ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing ?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- ☐ Adoption of site -based waiting lists
If selected, list targeted developments below:
- ☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- ☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:
- ☐ Other (list policies and development targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- ☐ Additional affirmative marketing
- ☐ Actions to improve the marketability of certain developments
- ☐ Adoption or adjustment of ceiling rents for certain developments
- ☐ Adoption of rent incentives to encourage deconcentration of poverty and income -mixing
- ☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher -income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower -income families? (select all that apply)

- ☒ Not applicable: results of analysis did not indicate a need for such efforts
- ☐ List (any applicable) developments below:

B. Section 8

Exemptions: PHAs that do not administer section 8 are not required to complete sub -component 3B.
Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

- ☒ Criminal or drug -related activity only to the extent required by law or regulation
☐ Criminal and drug -related activity, more extensively than required by law or regulation
☒ More general screening than criminal and drug -related activity (list factors below)
☒ Other: Determine if the applicant has an outstanding debt with the NPHA or any other housing authority.

b. ☒ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c. ☒ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d. ☒ Yes ☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC source) -authorized

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

- ☒ Criminal or drug -related activity
☐ Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant -based assistance waiting list merged? (select all that apply)

- ☒ None
☐ Federal public housing
☐ Federal moderate rehabilitation
☐ Federal project -based certificate program
☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant -based assistance? (select all that apply)

- ☒ PHA main administrative office
☐ Other (list below)

(3)SearchTime

a. ☒ Yes ☐ No: Does the PHA give extensions on standard 60 -day period to search for a unit?

If yes, state circumstances below:

- (1) Hardship due to death in the family, hospitalization of family member or applicant, disaster, etc
- (2) If unit selected does not meet HQS and owner is not willing to make the necessary repairs.

(4)AdmissionsPreferences

a. Income targeting

☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1. ☐ Yes ☒ No: Has the PHA established preferences for admission to section 8 tenant -based assistance? (other than date and time of application) (if no, skip to subcomponent **(5)Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- ☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- ☐ Victims of domestic violence

- ☐ Substandard housing
- ☐ Homelessness
- ☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

2. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a points system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- ☐ Working families and those unable to work because of age or disability
- ☐ Veterans and veterans' families
- ☐ Residents who live and/or work in your jurisdiction
- ☐ Those enrolled currently in educational, training, or upward mobility programs
- ☐ Households that contribute to meeting income goals (broad range of incomes)
- ☐ Households that contribute to meeting income requirements (targeting)
- ☐ Those previously enrolled in educational, training, or upward mobility programs
- ☐ Victims of reprisals or hate crimes
- ☐ Other preference(s) (list below)

4. Among applicants on the waiting list with the equal preference status, how are applicants selected? (select one)

- ☐ Date and time of application
- ☐ Drawing (lottery) or other random choice technique

5. If the PHA plan to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

- ☐ This preference has previously been reviewed and approved by HUD
- ☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preference to income targeting requirements: (select one)

- ☐ The PHA applies preferences within income tiers
- ☐ Not applicable: the pool of applicant families ensure that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admission to any special -purpose section 8 program administered by the PHA contained? (select all that apply) **If we ever participate in a Special Purpose Section 8 Program, the following would apply.**

- ☒ The Section 8 Administrative Plan
- ☒ Briefing sessions and written materials
- ☐ Other (list below)

b. How does the PHA announce the availability of any special -purpose section 8 programs to the public?

- ☒ Through published notices
- ☐ Other:

4. PHA Rent Determination Policies

[24 CFR Part 903.79(d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub -component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- ☐ The PHA will not employ any discretionary rent -setting policies for income based rent in public housing. Income -based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub -component (2))

---or---

☒ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
☐ \$1-\$25
☒ \$26-\$50

2. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below :

c. Rents set at less than 30% than adjusted income

1. ☐ Yes ☒ No: Does the PHA plan to charge rents at a fixed amount or _____ percent age less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusion policies does the PHA plan to employ (select all that apply)

- ☐ For the earned income of a previously unemployed household member
☐ For increases in earned income

- ☐ Fixed amount (other than general rent -setting policy)
If yes, state amount/s and circumstances below:
- ☐ Fixed percentage (other than general rent -setting policy)
If yes, state percentage/s and circumstances below:
- ☐ For household heads
- ☐ For other family members
- ☐ For transportation expenses
- ☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
- ☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- ☒ Yes for all developments
- ☐ Yes but only for some developments
- ☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- ☒ For all developments
- ☐ For all general occupancy developments (not elderly or disabled or elderly only)
- ☐ For specified general occupancy developments
- ☐ For certain parts of developments; e.g., the high-rise portion
- ☐ For certain size units; e.g., larger bedroom sizes
- ☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- ☐ Market comparability study
- ☐ Fair market rents (FMR)
- ☐ 95th percentile rents
- ☐ 75 percent of operating costs
- ☐ 100 percent of operating costs for general occupancy (family) developments
- ☐ Operating costs plus debt service
- ☐ The "rental value" of the unit
- ☒ Other: Survey of average rents paid for the Section 8 program.

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- ☐ Never
- ☐ At family option
- ☒ Anytime the family experiences an income increase
- ☐ Anytime a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) _____
- ☐ Other (list below)

g. ☐ Yes ☒ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market -based fair rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- ☐ This section 8 rent reasonableness study of comparable housing
- ☒ Survey of rents listed in local newspaper
- ☐ Survey of similar unassisted units in the neighborhood
- ☐ Other (list/describe below)

B. Section 8 Tenant -Based Assistance

Exemptions: PHA that do not administer Section 8 tenant -based assistance are not required to complete sub-component 4B. Unless otherwise specified, all questions in this section apply only to the tenant -based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).

(1) Payment Standards

Describe the voucher payment standards and policies .

a. What is the PHA's payment standard? (select the category that best describes your standard)

- ☐ At or above 90% but below 100% of FMR
- ☒ 100% of FMR
- ☐ Above 100% but at or below 110% of FMR
- ☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

N/A

- ☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ The PHA has chosen to serve additional families by lowering the payment standard
- ☐ Reflects market or submarket
- ☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)

N/A

- ☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- ☐ Reflects market or submarket
- ☐ To increase housing options for families
- ☐ Other (list below)

d. How often are repayment standards reevaluated for adequacy? (select one)

- ☒ Annually
- ☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- ☒ Success rates of assisted families
- ☒ Rent burden of assisted families
- ☒ Other: Funding availability

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)

- ☐ \$0
- ☐ \$1-\$25
- ☒ \$26-\$50

b. ☐ Yes ☒ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24CFR Part 903.79(e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- ☒ An organization chart showing the PHA's management structure and organization is attached.
- ☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	92	5
Section 8 Vouchers	334	40
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)	92	

Other Federal Programs (list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) **Public Housing Maintenance and Management:**

Admissions and Continued Occupancy Plan
Resident Handbook
Resident Calendars
Agency Newsletters

(2) **Section 8 Management:**

Administrative Plan
Grievance Procedures
Participant's Package
Calendars

6. PHA Grievance Procedures

[24 CFR Part 903.79(f)]

A. Public Housing

1. ☐ Yes ☐ No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list addition to federal requirements below:

2. Which PHA offices should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- ☐ PHA main administrative office
☐ PHA development management offices
☐ Other (list below)

B. Section 8 Tenant -Based Assistance

1. ☐ Yes ☐ No: Has the PHA established informal review procedures for applicants to the Section 8 tenant -based assistance program and informal hearing procedures for families assisted by the Section 8 tenant -based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list addition to federal requirements below:

2. Which PHA offices should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- ☐ PHA main administrative office
☐ Other (list below)

7.CapitalImprovementNeeds

[24CFRPart903.79(g)]

ExemptionsfromComponent7:Section8onlyPHAsarenotrequiredtocompletethiscomponentandmayskiptoComponent8.

A.Capital FundActivities

Exemptionsfromsub -component7A:PHAsthatwillnotparticipateintheCapitalFundProgrammayskiptocomponent7B.AllotherPHAsmustcomplete7Aasinstructed.

(1)CapitalFundProgramAnnualStatement

UsingpartsI,II,andIIIoftheAnnualStatementfortheCapitalFundProgram(CFP),identifycapitalactivitiesthePHAisproposingfortheupcomingyeartoensurelong -term physicalandsocialviabilityofitspublichousingdevelopments.Thisstatementcanbecompletedbyus ingtheCFPAnnualStatementtablesprovidedinthetablelibraryattheend ofthePHAPlantemplate **OR**,atthePHA'soption,bycompletingandattachingaproperlyupdatedHUD -52837.

Selectone:

☐

TheCapitalFundProgramAnnualStatementisprovidedasanattachmenttothePHAPlanatAttachment(statename)

-or-

☒

TheCapitalFundProgramAnnualStatementisprovidedbelow:(ifselected,copytheCFPAnnualStatementfromtheTableLibraryand insertthere)

PHAPlan TableLibrary

Component7 CapitalFundProgramAnnualStatement PartsI,II,andIII

AnnualStatement

CapitalFundProgram(CFP)PartI:SummaryCapitalFundGrantNumber **LAP166501 -01** FFYofGrantApproval: **2001**☒ OriginalAnnualStatement

LineNo.	SummarybyDevelopmentAccount	TotalEstimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	21,386.00
3	1408 Management Improvements	20,000.00
4	1410 Administration	20,000.00
5	1411 Audit	4,500.00
6	1415 Liquidated Damages	
7	1430 Fees and Costs	20,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	30,000.00
10	1460 Dwelling Structures	52,472.00
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Non-dwelling Structures	23,000.00
13	1475 Non-dwelling Equipment	22,500.00
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	213,858.00
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	

23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

AnnualStatement

CapitalFundProgram(CFP)PartII:SupportingTa ble

Development Number/Name HA-WideActivities	GeneralDescriptionofMajorWork Categories	Development Account Number	Total Estimated Cost
LA48P166-002/003 (HousingAuthorityWide)	Fundswillbeusedtosubsidizesalariesonoperatingbudget.	1406	21,386.00
	Upgradestosoftware,handbooks,newsletters,etc.	1408	20,000.00
	Computersupportagreements,etc.	1410	20,000.00
	Annual Audit	1411	4,500.00
	Architectural & engineering fees, etc	1430	20,000.00
	Plant trees, shrubs, flowers, etc., fencing	1450	30,000.00
	Complete any repairs that is structural or cosmetic	1460	52,472.00
	Addition to Management & Maintenance building	1470	23,000.00
	Purchase benches and tables for playground areas, etc.	1475	22,500.00

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)PartI:Summary		
PHAName: NatchitochesParishHousingAuthority P.O.Box255 Natchitoches,Louisiana71457	GrantTypeandNumber CapitalFundProgramGrantNo: LA48P166501-01 ReplacementHousingFactorGrantNo: -	FederalFYofGrant: 2001
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	21,386.00		21,386.00	21,386.00
2	1406 Operations	20,000.00		-0-	-0-
3	1408 Management Improvements				
4	1410 Administration	20,000.00		-0-	-0-
5	1411 Audit	4,500.00		-0-	-0-
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000.00		-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	30,000.00		-0-	-0-
10	1460 Dwelling Structures	52,472.00		2,613.29	2,613.29
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	23,000.00		-0-	-0-
13	1475 Non dwelling Equipment	22,500.00		15,482.08	15,482.08
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	213,858.00		46,231.37	46,231.37
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAN Name: Natchitoches Parish Housing Authority P.O. Box 255 Natchitoches, Louisiana 71457			Grant Type and Number Capital Fund Program Grant No: LA48P166501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Or	iginal Revised	Funds Obligated	Funds Expended	
LA48P166002/003	Operations: These funds have been used to supplement the cost of salaries as shown on the Operating Budget.	1406		21,386.00		21,386.00	21,386.00	Completed
	Management Improvements: This is for upgrades to software, handbooks, etc.	1408		20,000.00		-0-	-0-	On Schedule
	Administration: Computer support agreements	1410		20,000.00		-0-	-0-	On Schedule
	Audit: This is to retain the services of an auditor	1411		4,500.00		-0-	-0-	On Schedule
	Fees and Costs: This will be used to pay fees to A&E for work done in relation to Capital Fund, etc.	1430		20,000.00		-0-	-0-	On Schedule
	Site Improvement: To be used to improve lots, plants, shrubs, trees, fencing, etc.	1450		30,000.00		-0-	-0-	On Schedule
	Dwelling Structures: Complete any repairs that are structural or cosmetic, roofing, etc.	1460		52,472.00		2,613.29	2,613.29	On Schedule
	Non-dwelling Structures: Improvements to Management/Maintenance building and the Community Center	1470		23,000.00		-0-	-0-	On Schedule

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

[illegible]

AnnualStatement/PerformanceandEvaluation Report
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

[illegible]

(2)Optional5 -YearActionPlan

Agenciesareencouragedtoincludea5 -YearActionPlancoveringcapitalworkitems.Thisstatement canbecompletedbyusingthe5YearActionPlantableprovidedinthe tablelibraryattheendofthe PHAPlantemplate **OR**bycompletingandattachingaproperlyupdatedHUD -52834.

a. ☒ Yes ☐ No:Is the PHA providing an optional5 -Year Action Plan for the Capital Fund?(if no, skip to sub -component 7B)

b.If yes to question a, select one:

☐ The Capital Fund Program5 -Year Action Plan is provided as an attachment to the PHA Plan at Attachment

-or-

☒ The Capital Fund Program5 -Year Action Plan is provided below:(if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

Capital Fund Program Five -Year Action Plan

Part I: Summary

PHA Name Natchitoches Parish Housing Authority P.O.Box 255 Natchitoches, Louisiana 71457					<input checked="" type="checkbox"/> Original5 - <input type="checkbox"/> Revision No
Development Number/Name/HA-Wide LA48P166002/003	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	
	Annual Statement				
Pecan Grove		\$23,000.00	\$100,000.00	\$60,000.00	
Connie Drive			\$100,000.00	\$60,000.00	
HA Wide		190,858.00		\$80,000.00	
CFP Funds Listed for 5 - year planning		\$213,858.00	\$200,000.00	\$200,000.00	
Replacement Housing Factor Funds					

PartII:SupportingPages —WorkActivities

HUD50075
OMBApprovalNo:2577 -0226
Expires:03/31/2002

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activitiesfor Year1	ActivitiesforYear:4 FFYGrant:2003 PHAFY:2003			ActivitiesforYear:4 FFYGrant:2003 PHAFY:2003	
	Development Name/Number	MajorWork Categories	EstimatedCost	Development Name/Number	MajorWork Categories
See Annual Statement	PecanGrove	Repair/replacewoodwith vinylsidingwhereneeded.	\$60,000.00	PecanGrove	Decorative possible management
	ConnieDrive	Repair/replacevinylsidingon allunits.	\$60,000.00	ConnieDrive	Decorative construction
	HAWide	Addadditionalighting, fencing,etc.	\$80,000.00	HAWide	Purchase upgrades
TotalCFPEstimatedCost			\$200,000.00		

B.HOPEVIandPublicHousingDevelopmentandReplacement Activities(Non -CapitalFund)

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPEVI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement. N/A

- ☐ Yes ☒ No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)
- b) Status of HOPEVI revitalization grant (complete one set of questions for each grant)

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- ☐ Revitalization Plan under development
- ☐ Revitalization Plan submitted, pending approval
- ☐ Revitalization Plan approved
- ☐ Activities pursuant to an approved Revitalization Plan underway

- ☐ Yes ☒ No: c) Does the PHA plan to apply for a HOPEVI Revitalization grant in the Plan year?
- If yes, list development name/s below:

- ☐ Yes ☒ No: d) Will the PHA be engaging in any mixed -financed development activities for public housing in the Plan year?
- If yes, list developments or activities below:

- ☐ Yes ☒ No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?
- If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.79(h)]

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to component 9; if "yes", complete one activity description for each development.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.)

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities

[24 CFR Part 903.79(i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1. ☐ Yes ☒ No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly

families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously -approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant -Based Assistance

[24 CFR Part 903.79(j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

A. Assessment of Reasonable Revitalization Pursuant to section 202 of the HUD FY1996 HUD Appropriations Act

1. ☐ Yes ☒ No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below.

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD - approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units

☐ Other: (describe below)

B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937

C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937

11. Homeownership Programs Administered by the PHA

[24CFR Part 903.79(k)]

A. Public Housing

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1. ☐ Yes ☒ No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z -4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

- ☐ Yes ☐ No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.)

**Public Housing Homeownership Activity Description
(Complete one for each development affected)**

1a. Development name:

1b. Development (project) number:

2. Federal Program authority:

☐ HOPEI

☐ 5(h)

<input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA's Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

1. ☐ Yes ☒ No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to component 12; if "yes", describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

- ☐ Yes ☐ No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- ☐ 25 or fewer participants
☐ 26- 50 participants
☐ 51 to 100 participants
☐ more than 100 participants

b. PHA -established eligibility criteria

- ☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self -sufficiency Programs

[24CFR Part 903.79(1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8 - Only PHAs are not required to complete sub -component C.

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

- ☒ Yes ☐ No: Has the PHA entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed?
April 20, 2001

2. Other coordination efforts between the PHA and TANF Agency (select all that apply)

- ☒ Client referrals
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
☒ Coordinate the provision of specific social and self -sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare -to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self -Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self -sufficiency of assisted families in the following areas? (select all that apply)

- ☐ Public housing rent determination policies
☒ Public housing admissions policies

- ☒ Section 8 admissions policies
- ☐ Preference in admission to section 8 for certain public housing families
- ☐ Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- ☐ Preference/eligibility for public housing home ownership option participation
- ☐ Preference/eligibility for section 8 home ownership option participation
- ☐ Other policies (list below)

b. Economic and Social self-sufficiency programs

- ☐ Yes ☒ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office/ PHA main office/ other provider name)	Eligibility (public housing or section 8 participants or both)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation

Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	
Section 8	21	21

- b. ☐ Yes ☐ No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plan to take to achieve at least the minimum program size?
If no, list steps the PHA will take below:

N/A

C. Welfare Benefit Reductions

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- ☐ Adopting appropriate changes to the PHA's public housing sing rent determination policies and train staff to carry out those policies
- ☐ Informing residents of new policy on admission and reexamination
- ☐ Actively notifying residents of new policy at times in addition to admission and reexamination.
- ☒ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- ☒ Establishing a protocol for exchange of information with all appropriate TANF agencies
- ☐ Other: (list below)

D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937 (Attachment Filename C)

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.79(m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High performing and small PHAs that are participating in PHDEP and are submitting a PHD EP Plan with this PHA Plan may skip to sub-component D.

A. Need for measures to ensure the safety of public housing residents

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

- ☐ High incidence of violent and/or drug -related crime in some or all of the PHA's developments
- ☐ High incidence of violent and/or drug -related crime in the area surrounding or adjacent to the PHA's developments
- ☐ Residents fearful for their safety and/or the safety of their children
- ☐ Observed lower -level crime, vandalism and/or graffiti
- ☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual level of violent and/or drug -related crime
- ☐ Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- ☐ Safety and security survey of residents
- ☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- ☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
- ☐ Resident reports
- ☐ PHA employee reports
- ☐ Police reports
- ☐ Demonstrable, quantifiable success with previous or ongoing anti crime/anti drug programs
- ☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plan to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plan to undertake:

(select all that apply)

- ☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug -prevention activities
- ☐ Crime Prevention Through Environmental Design
- ☐ Activities targeted to at -risk youth, adults, or seniors
- ☐ Volunteer Resident Patrol/Block Watchers Program
- ☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- ☐ Police involvement in development, implementation, and/or ongoing evaluation of drug -elimination plan
- ☐ Police provide crime data to housing authority staff for analysis and action
- ☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- ☐ Police regularly testify in and otherwise support eviction cases
- ☐ Police regularly meet with the PHA management and residents
- ☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- ☐ Other activities (list below)

2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan

PHA eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- ☒ Yes ☐ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- ☒ Yes ☐ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?
- ☒ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: **F**)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.79(n)]

(See Attachment Filename: **B**)

15. Civil Rights Certifications

[24 CFR Part 903.79(o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

16.Fiscal Audit

[24CFRPart903.79(p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?
(If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? *N/A*
If yes, how many unresolved findings remain? _____
5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD? *N/A*
If not, when are they due (state below)?

17.PHA Asset Management

[24CFRPart903.79(q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component.
High performing and small PHAs are not required to complete this component.

1. ☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - ☐ Not applicable
 - ☐ Private management
 - ☐ Development-based accounting
 - ☐ Comprehensive stock assessment
 - ☐ Other: (list below)
3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18.Other Information

[24CFRPart903.79(r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- ☐ Attached at Attachment (Filename)
- ☐ Provided below:
3. In what manner did the PHA address those comments? (select all that apply)
- ☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
- ☐ The PHA changed portions of the PHA Plan in response to comments
- List changes below:
- ☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☒ Yes ☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub - component C.)
2. ☐ Yes ☐ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub - component C.)
3. Description of Resident Election Process
- a. Nomination of candidates for place on the ballot: (select all that apply)
- ☐ Candidates were nominated by resident and assisted family organizations
- ☐ Candidates could be nominated by any adult recipient of PHA assistance
- ☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
- ☐ Other: (describe)
- b. Eligible candidates: (select one)
- ☐ Any recipient of PHA assistance
- ☐ Any head of household receiving PHA assistance
- ☐ Any adult recipient of PHA assistance
- ☐ Any adult member of a resident or assisted family organization
- ☐ Other (list)

c. Eligible voters: (select all that apply)

- ☐ All adult recipients of PHA assistance (public housing and section 8 tenant based assistance) -
- ☐ Representatives of all PHA resident and assisted family organizations
- ☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Louisiana

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- ☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- ☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- ☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

Use this section to provide any additional information requested by HUD.

Attachments

Use this section to provide any additional attachments referenced in the Plans.

**RESIDENT ORGANIZATIONS
AND OFFICERS**

PECANGROVE:

President	Nikita McNeal 136 Larry Drive Campti, LA 71411
Vice-President	Joyce Price 145 Miley Drive Campti, LA 71411
Secretary/Treasurer	Loretta Telsee 150 Linda Drive Campti, LA 71411

CLARENCE:

President	LaShonda Phillips 106 Patricia Drive Natchitoches, LA 71457
Vice President	Sadie Elliot 104 Patricia Drive Natchitoches, LA 71457
Secretary/Treasurer	Willie Faye Winslow P.O. Box 3 Clarence, LA 71414

HOUSING AUTHORITY OF THE PARISH OF NATCHITOCHES

PET POLICY

In compliance with Section 526 of **The Quality Housing and Work Responsibility (QHWRA) Act of 1998**, Housing Authority of the Parish of Natchitoches (NPHA) residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets are subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

Bird Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed 10 gallons in capacity; poisonous or dangerous fish are not permitted.

Dogs Not to exceed 5 lbs. weight, or 10 inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- | | |
|--------------|--------------|
| a. Chihuahua | b. Dachshund |
| c. Poodle | d. Terriers |

No Pit Bulls will be permitted

Cats Cats must be spayed or neutered and be declawed and should not exceed 5 pounds.

Rodents Rodents other than hamsters or gerbils, are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles Reptiles other than turtles are not considered common household pets.

Exotic pets At no time will the NPHA approve of exotic pets, such as as snakes, monkeys, game pets, etc.

2. No more than one dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 10 gallons shall be permitted. A resident with a dog or cat may not have other categories of "common household pets" as defined above.
3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.
4. Only one dog or cat is allowed per household. **NO PIT BULLS WILL BE PERMITTED.** All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.
5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, NPHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
6. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.)
8. No visiting pets will be allowed unless they are used for purpose of safety or welfare of such visitor, i.e. for the sight or hearing impaired.

9. All pets shall be registered with the Management Office immediately or no longer than five (5) days following their introduction to the community. Registration shall consist of providing:
- a. Basic information about the pet (type, age, description, name, etc.)
 - b. Proof of inoculation and licensing.
 - c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community.
 - d. Payment of an additional security deposit of \$ 175.00 (to be paid in full, or over a period of time not to exceed six (6) months, in case of hardship) to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no additional security deposit for pets other than dogs or cats. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection.

Type of Pet	Pets Name	Inoculations (type and date)
-------------	-----------	------------------------------

_____	_____	_____
-------	-------	-------

License Date	Spayed / Neuter Date
--------------	----------------------

_____	_____
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- e. If a resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after 24-hours have elapsed, the tenant hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall NPHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

Name	Address	Phone (day)	Phone (night)
------	---------	-------------	---------------

_____	_____	_____	_____
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10. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the NPHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

NOTE:

This policy is an agreement between the head of the household and the Housing Authority of the Parish of Natchitoches and needs to be signed only if a pet is in the household.

As head of household, I have read the pet policy as written above and understand these provisions. I agree to abide by these provisions fully and understand that permission will be revoked if I fail to do so. Failure to comply with any part of the above and/or to take corrective action after sufficient notice of the violation shall be cause for termination of the lease. I have received a copy of this policy.

Name

Address

Project Number

Unit Number

Resident Signature:

Date:

Housing Authority of the Parish of Natchitoches:

Date:

AnnualStatement**CapitalFundProgram(CFP)PartI:Summary**CapitalFundGrantNumber **LAP166501 -01** FFYofGrantApproval: **2001**☒ OriginalAnnualStatement

LineNo.	SummarybyDe velopmentAccount	TotalEstimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	21,386.00
3	1408 Management Improvements	20,000.00
4	1410 Administration	20,000.00
5	1411 Audit	4,500.00
6	1415 Liquidated Damages	
7	1430 Fees and Costs	20,000.00
8	1440 Site Acquisition	
9	1450 Site Improvement	30,000.00
10	1460 Dwelling Structures	52,472.00
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Non-dwelling Structures	23,000.00
13	1475 Non-dwelling Equipment	22,500.00
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	213,858.00
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
LA48P166-002/003 (Housing Authority Wide)	Funds will be used to subsidize salaries on operating budget.	1406	21,386.00
	Upgrade to software, handbooks, newsletters, etc.	1408	20,000.00
	Computer support agreements, etc.	1410	20,000.00
	Annual Audit	1411	4,500.00
	Architectural & engineering fees, etc	1430	20,000.00
	Plant trees, shrubs, flowers, etc., fencing	1450	30,000.00
	Complete any repairs that is structural or cosmetic	1460	52,472.00
	Addition to Management & Maintenance building	1470	23,000.00
	Purchase benches and tables for playground areas, etc.	1475	22,500.00

Annual Statement/Performance and Evaluation Report	
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFP)	
PHA Name: Natchitoches Parish Housing Authority P.O. Box 255 Natchitoches, Louisiana 71457	Grant Type and Number Capital Fund Program Grant No: LA48P166501-01 Replacement Housing Factor Grant No: -
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (rev) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		
		Original	Revised	
1	Total non -CFP Funds	21,386.00		21,386.00
2	1406 Operations	20,000.00		-0.00
3	1408 Management Improvements			
4	1410 Administration	20,000.00		-0.00
5	1411 Audit	4,500.00		-0.00
6	1415 Liquidated Damages			
7	1430 Fees and Costs	20,000.00		-0.00
8	1440 Site Acquisition			
9	1450 Site Improvement	30,000.00		-0.00
10	1460 Dwelling Structures	52,472.00		2,618.00
11	1465.1 Dwelling Equipment — Nonexpendable			
12	1470 Non dwelling Structures	23,000.00		-0.00
13	1475 Non dwelling Equipment	22,500.00		15,480.00
14	1485 Demolition			
15	1490 Replacement Reserve			
16	1492 Moving to Work Demonstration			
17	1495.1 Relocation Costs			
18	1499 Development Activities			
19	1501 Collateralization or Debt Service			
20	1502 Contingency			
21	Amount of Annual Grant: (sum of lines 2 – 20)	213,858.00		46,230.00
22	Amount of line 21 Related to LBP Activities			
23	Amount of line 21 Related to Section 504 compliance			
24	Amount of line 21 Related to Security — Soft Costs			
25	Amount of Line 21 Related to Security — Hard Costs			
26	Amount of line 21 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)
Part II: Supporting Pages

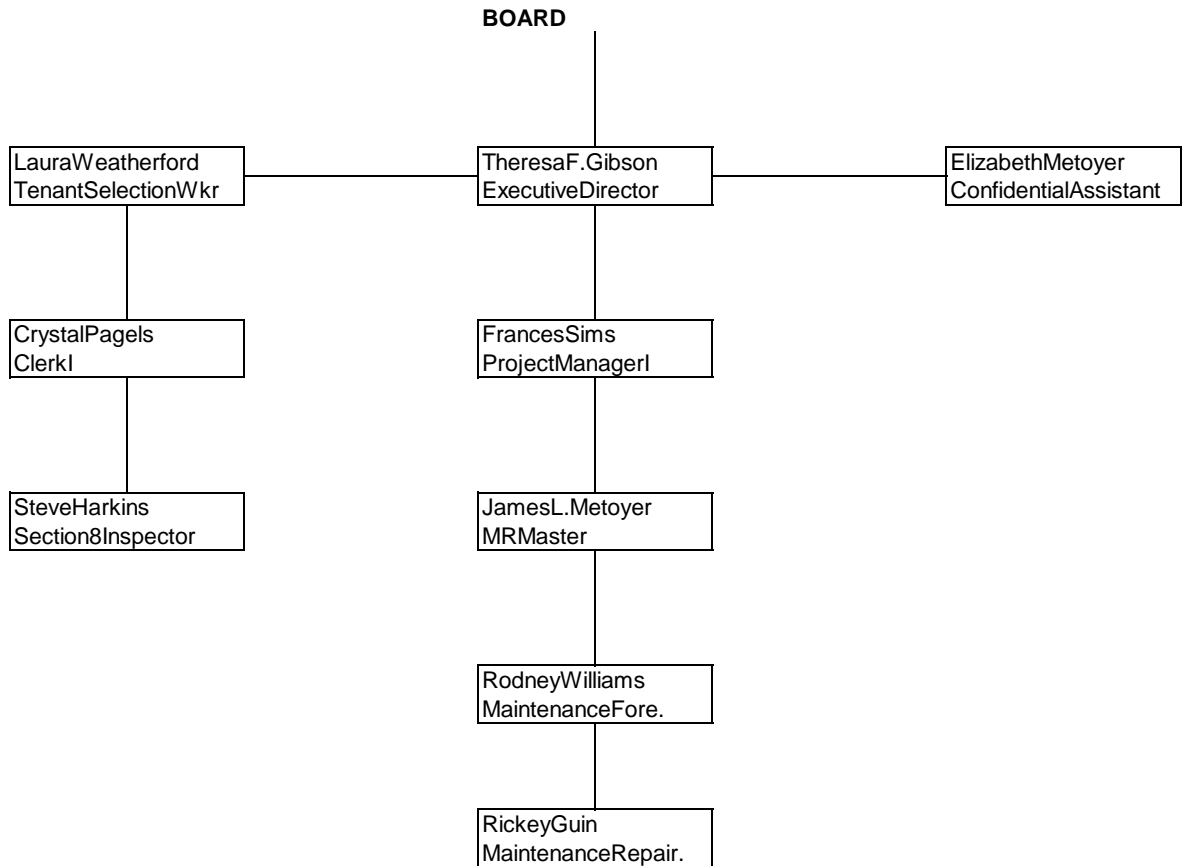
PHA Name: Natchitoches Parish Housing Authority P.O. Box 255 Natchitoches, Louisiana 71457		Grant Type and Number Capital Fund Program Grant No: LA48P166501-01 Replacement Housing Factor Grant No:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
LA48P166002/003	Operations: These funds have been used to supplement the cost of salaries as shown on the Operating Budget.	1406		21,386.00	
	Management Improvements: This is for upgrades to software, handbooks, etc.	1408		20,000.00	
	Administration: Computer support agreements	1410		20,000.00	
	Audit: This is to retain the services of an auditor	1411		4,500.00	
	Fees and Costs: This will be used to pay fees to A&E for work done in relation to Capital Fund, etc.	1430		20,000.00	
	Site Improvement: To be used to improve lots, plants, shrubs, trees, fencing, etc.	1450		30,000.00	
	Dwelling Structures: Complete any repairs that are structural or cosmetic, roofing, etc.	1460		52,472.00	
	Non-dwelling Structures: Improvements to Management/Maintenance building and the Community Center	1470		23,000.00	
	Non-dwelling Equipment: Equipment, i.e., mower, computer hardware, playground equipment, fencing, etc.	1475		22,500.00	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)
Part II: Supporting Pages**

[illegible]

**RESIDENT MEMBERSHIP
OF THE BOARD OF
COMMISSIONERS
FOR THE
NATCHITOCHES PARISH HOUSING AUTHORITY**

1. At present, no resident of public housing is serving on our Board of Commissioners.
2. When the last vacancy occurred several years ago, we tried to recruit without success.
3. The next expiration date of any present board member will not occur until the year 2003.



Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Annual PHDEP Plan Table of Contents:

1.	General Information/History	1
2.	PHDEP Plan Goals/Budget	2
3.	Milestones	6
4.	Certifications	7

Section 1: General Information/History

A. Amount of PHDEP Grant \$ 25,000.00

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R X _____

C. FFY in which funding is requested 2002

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long.

The Natchitoches Parish Housing Authority has contracted with the Boys and Girls Club of Natchitoches to administer their programs in regard to crime prevention and intervention. They have organized a Voluntary/Tenant Patrol, using sources to transport families in Clarence, LA to the club in Campti, LA, implementing programs to promote self-confidence and personal ethics, etc. They will continue to provide these services and programs as stated in our "Listen, Link and Lead" with momentum for the twenty-first century.

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)
Pecan Grove - Campti, LA	54	1,100
Connie and Patricia Drive - Clarence, LA	38	500

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

6 Months _____ 12 Months _____ 18 Months _____ 24 Months x Other _____

G. PHDEPProgramHistory

Indicate each FY that funding has been received under the PHDEPP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Anticipated Completion Date
FY1995	50,000.00	LA48DEP1660196	-0-	N/A	N/A
FY1996					
FY1997	50,000.00	LA48DEP1660197	-0-	N/A	N/A
FY1998	50,000.00	LA48DEP1660198	-0-	N/A	N/A
FY1999	25,000.00	LA48DEP1660199	-0-	N/A	N/A
FY2000	25,000.00	LA48DEP1660100	4,532.19	N/A	N/A
FY2001	25,000.00	LA48DEP1660101	25,000.00	N/A	N/A

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the need of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5 - 10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FY 2002 PHDEP Budget Summary	
Budget Line Item	Total Funding
9110 - Reimbursement of Law Enforcement	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	25,000.00
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	25,000.00

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 -ReimbursementofLawEnforcement N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9130 -EmploymentofInvestigators N/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9140 - VoluntaryTenantPatrolN/A					TotalPHDEPFunding:		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators

9150 - PhysicalImprovements N/A					TotalPHDEP Funding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$25,000.00		
Goal(s) Tohaveapositive outlookforagreatfuture forourchildrenbygiving themaplacetogoand learninafunandcaring atmosphere.							
Objectives Todeter juvenilecrimeinour subdivisionsand surroundingareasbygiving positivereinforcementsto ourfamilies.							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.Instructingouryouthand familiesonthe“Children	200	1,600	11/01	10/03	25,000.	15,500.	

Obeying and Observing the Law” (C.O.O.L.) program.							
2. Instruction to youth in the SMART moves drug prevention program.							
3. Work with the Resident Organization to implement the “Residents Observing and Obeying the Law” (R.O.O.L.) program.							

9170 -DrugInterventionN/A					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					N/A			TotalPHDEPFunding:\$		
Goal(s)										
Objectives										
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	PerformanceIndicators			
1.										
2.										
3.										

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

Section3:Expenditure/ObligationMilestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget and Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

Budget Line Item#	25% Expenditure of Total Grant Funds By Activity #	Total PHDEP Funding Expended (sum of the activities)	50% Obligation of Total Grant Funds by Activity #	Total PHDEP Funding Obligated (sum of the activities)
<i>e.g Budget Line Item#9 120</i>	<i>Activities 1,3</i>		<i>Activity 2</i>	
9110				
9120				
9130				
9140				
9150				
9160	Activities 1,2,3	5,000.00	Activities 1,2,3	13,500.00
9170				
9180				
9190				
TOTAL		\$5,000.00		\$13,500.00

Section4:Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the “PHA Certification of Compliance with the PHA Plan and Related Regulations.”